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**CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
DIVISION OF DRINKING WATER**

TO: Son Shine Properties (1500588)  
ATTN: Mr. Wayne Kirschenman, Owner  
P. O. Box 35  
Edison, CA 93220

**CITATION NO. 03\_12\_15C\_003  
FOR  
VIOLATION OF HEALTH AND SAFETY CODE SECTION 116650(a)  
AND THE PRIMARY DRINKING WATER STANDARD FOR TOTAL COLIFORM  
Dated April 6, 2015**

The State Water Resources Control Board (hereinafter "Board"), acting by and through its Division of Drinking Water (hereinafter "Division") and the Deputy Director for the Division (hereinafter "Deputy Director"), hereby issues this citation (hereinafter "Citation"), pursuant to Section 116650 of the California Health and Safety Code (hereinafter "CHSC") to Son Shine Properties (hereinafter "Water System") for violation of CHSC section 116550(a) and Title 22, California Code of Regulations (hereinafter "CCR"), Section 64426.1.

**APPLICABLE AUTHORITIES**

**CHSC, Section 116550 states in relevant part:**

- (a) If the department determines that a public water system is in violation of this chapter or any regulation, permit, standard, citation, or order issued or adopted thereunder, the department may issue a citation to the public water system. The citation shall be served upon the public water system personally or by certified mail. Service shall be deemed effective as of the date of personal service or the date of receipt of the certified mail. If a person to whom a citation is directed refuses to accept delivery of the certified mail, the date of service shall be deemed to be the date of mailing.
- (b) Each citation shall be in writing and shall describe the nature of the violation or violations, including a reference to the statutory provision, standard, order, citation, permit, or regulation alleged to have been violated.
- (c) A citation may specify a date for elimination or correction of the condition constituting the violation.
- (d) A citation may include the assessment of a penalty as specified in subdivision (e).
- (e) The department may assess a penalty in an amount not to exceed one thousand dollars (\$1,000) per day for each day that a violation occurred, and for each day that a violation continues to occur. A separate penalty may be assessed for each violation.

**Title 22, CCR, Section 64421 (hereinafter “Section 64421”), states in relevant part:**

**Section 64421**

- (a) Each water supplier shall:

...

- (5) Comply with the Maximum Contaminant Level as required in §64426.1.

**Title 22, CCR Section 64426.1 (hereinafter “Section 64426.1”) provides in relevant part:**

**Section 64426.1: Total Coliform Maximum Contaminant Level (MCL).**

...

- (b) A public water system is in violation of the total coliform MCL when any of the following occurs:
  - (1) For a public water system which collects at least 40 samples per month, more than 5.0 percent of the samples collected during any month are total coliform-positive; or
  - (2) For a public water system which collects fewer than 40 samples per month, more than one sample collected during any month is total coliform-positive; or
  - (3) Any repeat sample is fecal coliform-positive or E. coli-positive; or
  - (4) Any repeat sample following a fecal coliform-positive or E. coli-positive routine sample is total coliform-positive.

**STATEMENT OF FACTS**

The Water System is a community water system serving a residential population of approximately 438 persons through 106 service connections.

The Water System is required to collect a minimum of 1 distribution system bacteriological samples per month. The bacteriological water analysis results submitted by the Water System reported the presence of total coliform bacteria in 2 of 8 samples collected by the Water System in February 2015. None of the positive samples showed the presence of fecal coliform or *E. coli* bacteria.

In response to the presence of total coliform bacteria in 1 routine sample collected on February 10, 2015, a total of 3 repeat samples were collected on February 12, 2015. One of the repeat samples showed the presence of total coliform bacteria. None of the positive samples showed the presence of fecal coliform or *E. coli* bacteria. All water samples for coliform bacteria collected during February 2015 are summarized in Attachment A.

The cause of the contamination is unknown. Continuous disinfection of the distribution system is provided. The Water system has a total of 2 wells: Well 01 - Standby and Well 02. Well 01 is routine monitored for coliform bacteria on a quarterly basis and triggered source monitoring in response to the Groundwater Rule was also conducted accordingly. The analytical results from Well 01 do not show the presence of total coliform bacteria. The available raw water bacteriological source sampling is summarized in Attachment B.

The five routine samples required the month following a month with one or more total coliform positive samples were collected on March 16, 2015, and were negative for total coliform bacteria.

1 Public notification to the Division and consumers of a water system is required whenever a  
2 violation of the Total Coliform MCL occurs. Notification to the Division is required by the end  
3 of the business day on which the violation has been determined. If the Division is closed,  
4 notification shall be within 24 hours of the determination. The Division was notified on  
5 February 17, 2015, in accordance with the above referenced section  
6

7 Public notification to the consumers of the water systems is also required. Attachment C is  
8 a copy of a public notice that the Water System may use to notify its customers. This notice  
9 fulfills the total coliform MCL notification requirements and includes the mandatory  
10 language. Proof of notification is required.  
11

#### 12 **DETERMINATION**

13 Based on the above Statement of Facts, the Division has determined that the Water System  
14 has violated CHSC, Section 116550 and Section 64426.1 in that the water produced by the  
15 Water System failed to comply with Title 22, CCR, Section 64426.1, Total Coliform MCL for  
16 the month of February 2015 due to the presence of total coliform bacteria in 2 of 8 samples  
17 collected in February 2015.  
18

#### 19 **DIRECTIVES**

20 Water System is hereby directed to take the following actions:

- 21 1. Comply with Title 22, CCR, Section 64426.1, in all future monitoring periods.
- 22
- 23 2. On or before April 20, 2015, notify all persons served by the Water System of the TCR  
24 MCL violation by utilizing the Tier 2 Public Notice for violations of Section 64426.1.  
25 Public notice shall be given pursuant to Sections 64463.4 [lists method, time frame  
26 and delivery] and 64465 [content & format]. The Water System shall use the public  
27

notification template appended as Attachment C to fulfill the public notification requirements. Section 64463.4 allows community water systems to use mail or direct delivery to each customer and the use of one or more of the following methods: publication in a daily or weekly newspaper, posting the public notice in a conspicuous public place within the water system or on the internet, or by delivery to community organizations.

3. On or before April 30, 2015, the Water System shall provide to the Division certification of public notification using the enclosed Proof of Notification form (Attachment D). A copy of the final notice that was provided to the customers shall also be submitted to the Division with the proof of notification form.
4. By **April 30, 2015**, the Water System shall complete and submit the enclosed "Positive Total Coliform Investigation" form to the Division that describes the incident and all corrective actions taken, and the results of the investigation. The appropriate investigation report is provided as Attachment E.
5. The chlorine residual shall be measured at the time and location of the collection of the monthly distribution system bacteriological samples. This residual shall be provided to the Division on the laboratory analysis report.

1 All submittals required by this Citation shall be addressed to:

2 Tricia Wathen, Senior Sanitary Engineer  
3 State Water Resources Control Board  
4 Division of Drinking Water, Visalia District  
5 265 W. Bullard Ave, Suite 101  
6 Fresno, CA 93704

7 As used in this Citation, the date of issuance shall be the date of this Citation; and the date  
8 of service shall be the date of service of this Citation, personal or by certified mail, on the  
9 Water System.

10 The Division reserves the right to make such modifications to the Citation as it may deem  
11 necessary and/or to issue such further citation(s) as it may deem necessary to protect public  
12 health and safety. Such modifications may be issued as amendments to this Citation and  
13 shall be effective upon issuance.  
14

15 Nothing in this Citation relieves Water System of its obligation to meet the requirements of  
16 the California SDWA, or any regulation, standard, permit or order issued thereunder.  
17

18 **PARTIES BOUND**

19 This Citation shall apply to and be binding upon Son Shine Properties, its owners,  
20 shareholders, officers, directors, agents, employees, contractors, successors, and  
21 assignees.  
22

23 **SEVERABILITY**

24 The Directives of this Citation are severable, and Water System shall comply with each and  
25 every provision hereof, notwithstanding the effectiveness of any other provision.  
26  
27

**FURTHER ENFORCEMENT ACTION**

The California SDWA authorizes the Board to: issue a citation with assessment of administrative penalties to a public water system for violation or continued violation of the requirements of the California SDWA or any regulation, permit, standard, citation, or order issued or adopted thereunder including, but not limited to, failure to correct a violation identified in a citation or compliance order. The California SDWA also authorizes the Board to take action to suspend or revoke a permit that has been issued to a public water system if the public water system has violated applicable law or regulations or has failed to comply with an order of the Board; and to petition the superior court to take various enforcement measures against a public water system that has failed to comply with an order of the Board. The Board does not waive any further enforcement action by issuance of this Order.

April 6, 2015

Date

Tricia A. Wathen

Tricia Wathen, P.E.  
Senior Sanitary Engineer, Visalia District  
DRINKING WATER FIELD OPERATIONS BRANCH

Certified Mail No. [7014 3490 0001 7868 8804]

TW/LR

Attachments:

Attachment A: Summary of Distribution Bacteriological Samples  
Attachment B: Summary of Source Bacteriological Samples  
Attachment C: Public Notice for June 2014  
Attachment D: Proof of Notification Form  
Attachment E: Positive Total Coliform Investigation report



# Bacteriological Distribution Monitoring Report

1500588 Son Shine Properties

Distribution System Freq: 1/M

Sample Date	Location	T Coli	E Coli	F Coli	HPC	Type	Cl2	Cl2 Avg	Viol. Type	GWR Satisfied?	Comments
3/16/2015	#75	A	A			Routine	0.56				
3/16/2015	#65	A	A			Routine	0.9				
3/16/2015	#59	A	A			Routine	0.87				
3/16/2015	#23	A	A			Routine	0.92				
3/16/2015	#49	A	A			Routine	0.43				
2/12/2015	#75	P	A			Repeat	0.17		MCL		
2/12/2015	#66	A	A			Repeat	2.08				
2/12/2015	#49	A	A			Repeat	0.2				
2/10/2015	#75	A	A			Routine	0.16				
2/10/2015	#65	A	A			Routine					
2/10/2015	#59	A	A			Routine					
2/10/2015	#56	A	A			Routine					
2/10/2015	#49	P	A			Routine					
1/8/2015	#56	A	A			Repeat	0.5				
1/8/2015	#59	A	A			Repeat	0.34			Yes	Well was sampled.
1/8/2015	#49	A	A			Repeat	0.34				
1/6/2015	#56	P	A			Routine	0.11				

## Violation Key

MCL	Exceeds the maximum contaminant level	MR5	Incorrect number of repeat samples as follow-up to a positive sample
MR1	No monthly sample for the report month	MR6	No source sample
MR2	No quarterly sample for the report month	MR7	No summary report submitted
MR3	Incorrect number of routine samples for the report month	MR8	Other comments and/or info
MR4	Did not collect 5 routine samples for previous month's positive sample	MR9	Cl2 not reported

# Source Bacteriological Monitoring Report

**1500588 Son Shine Properties**

<i>Sample Date</i>	<i>Time</i>	<i>Source</i>	<i>Sample Type</i>	<i>Test Method</i>	<i>T Coli</i>	<i>E Coli</i>	<i>F Coli</i>	<i>HPC</i>	<i>Violation</i>	<i>Comments</i>
3/16/2015	9:05	Well	Well	P/A	A	A				
2/12/2015	15:38	Well	GWR Well	P/A	A	A				
1/8/2015	11:38	Well	GWR Well	P/A	A	A				CL2 reported = 0.5

**IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER**

Este informe contiene información muy importante sobre su agua potable.

Tradúzcalo o hable con alguien que lo entienda bien.

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**Son Shine Properties Had Levels of Coliform Bacteria  
Above the Drinking Water Standard**

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Our water system recently failed a drinking water standard. Although this incident was not an emergency, as our customers, you have a right to know what you should do, what happened and what we did to correct this situation.

We routinely monitor for drinking water contaminants. We took \_\_\_\_\_ [Insert number of samples] sample(s) to test for the presence of coliform bacteria in February 2015. \_\_\_\_\_ [Insert number positive] of these samples showed the presence of total coliform bacteria. The standard is that no more than 1 sample per month may show the presence of coliform bacteria.

**What should I do?**

- **You do not need to boil your water or take other corrective actions.**
- This is not an emergency. If it had been, you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*
- Usually, coliforms are a sign that there could be a problem with the treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find any of these bacteria in our subsequent testing.**
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from EPA's Safe Drinking Water Hotline at 1(800) 426-4791.
- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.

**What happened? What is being done?**

[Describe corrective action.] \_\_\_\_\_ We anticipate resolving the problem within \_\_\_\_\_ [estimated time frame].

For more information, please contact \_\_\_\_\_ [insert name of contact] at \_\_\_\_\_ [insert phone number] or at the following mailing address: \_\_\_\_\_ [insert business/mailling address].

*Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail.*

**Secondary Notification Requirements**

Upon receipt of notification from a person operating a public water system, the following notification must be given within 10 days [Health and Safety Code Section 116450(g)]:

- **SCHOOLS:** Must notify school employees, students, and parents (if the students are minors).
- **RESIDENTIAL RENTAL PROPERTY OWNERS OR MANAGERS** (including nursing homes and care facilities): Must notify tenants.
- **BUSINESS PROPERTY OWNERS, MANAGERS, OR OPERATORS:** Must notify employees of businesses located on the property.

This notice is being sent to you by Son Shine Properties.

Date distributed: \_\_\_\_\_.

**PROOF OF NOTIFICATION**  
(Return with copy of the Notice)

As required by Section 116450 of the California Health and Safety Code, I notified all users of water supplied by the **Son Shine Properties (1500588)** of the failure to meet the **total coliform bacteria MCL** for the month of **February 2015** as directed by the Division. At least one primary distribution method is required: mail, hand-delivery or newspaper publication. A second method is also required in order to reach persons not likely to be reached by a mailing, direct delivery or newspaper publication (renters, nursing home patients, prison inmates, etc.):

Notification was made on \_\_\_\_\_.  
(date)

To summarize report delivery used and good-faith efforts used, please check all items below that apply and fill-in where appropriate:

- ☐ The notice was distributed by mail delivery to each customer served by the water system.
- ☐ The notice was distributed by direct delivery to each customer served by the water system. Specify direct delivery method(s) used: \_\_\_\_\_
- ☐ Publication of the notice in a local newspaper or newsletter of general circulation (attach a copy of the published notice, including name of newspaper and date published).
- ☐ Posted the notice at the following conspicuous locations served by the water system (if needed, please attach a list of locations). \_\_\_\_\_
- ☐ Posted the notice on the Internet at www. \_\_\_\_\_
- ☐ Other method used to notify customers. \_\_\_\_\_

**DISCLOSURE:** Be advised that Section 116725 and 116730 of the California Health and Safety Code state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the attached order may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for separate violation for each day that violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by a fine of not more than \$25,000 for each day of violation, or be imprisoned in the county jail not to exceed one year, or by both the fine and imprisonment.

Certified by Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Due to the Division of Drinking Water within 10 days of notification to the public  
Total Coliform MCL Failure / Enforcement Action No.: 03\_12\_15C\_003

## POSITIVE TOTAL COLIFORM INVESTIGATION

### Simple Well with Pressure Tank Systems

This form is intended to assist public water systems in completing the investigation required by the Division of Drinking Water (Section 64426(b) of Title 22, California Code of Regulations) and may be modified to take into account conditions unique to the system.

#### ADMINISTRATIVE INFORMATION

<b>PWS Name:</b>		<b>PWSID NUMBER:</b>	
	<b>Name</b>	<b>Address</b>	<b>Telephone #</b>
Operator in Responsible Charge (ORC)			
Person that collected TC samples if different than ORC			
Owner			
Certified Laboratory for Microbiological Analyses			
Date Investigation Completed:			
Month(s) of Total Coliform MCL Failure:			

#### INVESTIGATION DETAILS

SOURCE	WELL (name)	WELL (name)	WELL (name)	WELL (name)	COMMENTS
1. Inspect each well head for physical defects and report					
a. Is raw water sample tap upstream from point of disinfection?					
b. Is wellhead vent pipe screened?					
c. Is wellhead seal watertight?					
d. Is well head located in pit or is any piping from the wellhead submerged?					
e. Does the ground surface slope towards well head?					
f. Is there evidence of standing water near the wellhead?					
g. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)					
h. Is the wellhead secured to prevent unauthorized access?					
i. To what treatment plant (name) does this well pump?					
j. How often do you take a raw water total coliform (TC) test?					
k. Provide the date and result of the last TC test at this location					

#### DISTRIBUTION SYSTEM

#### SYSTEM RESPONSES

1. What is the minimum pressure you are maintaining in the distribution system?	
2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the TCR positive finding.	

# POSITIVE TOTAL COLIFORM INVESTIGATION

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DISTRIBUTION SYSTEM	SYSTEM RESPONSES			
3. Has the distribution system been worked on within the last week? (service taps, hydrant flushing, main breaks, main extensions, etc.) If yes, provide details.				
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?				
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?				
6. If there was a mainline leak, when was it repaired?				
7. On what date was the distribution system last flushed?				
8. Is there a written flushing procedure you can provide for our review?				
9. Do you have an active cross connection control program?				
10. What is name and phone number of your Cross-Connection Control Program Coordinator?				
11. Is the review and testing of backflow prevention devices current?				
12. On what date was the last physical survey of the system done to identify cross-connections?				

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	Sample 4 (specify)
1. What is the height of the sample tap above grade? (inches)				
2. Is the sample tap located in an <b>exterior</b> location or is it protected by an <b>enclosure</b> ?				
3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)?				
4. Is the sample tap in good condition, free of leaks around the stem or packing?				
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?				
6. Is the sample tap and area around the sample tap clean and dry (free of animal droppings, other contaminants or spray irrigation systems)				
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection				
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.)				
9. Is this sample tap designated on the sampling plan submitted with this information request?				
10. What were the weather conditions at the time of the positive sample (rainy, windy, sunny),				

POSITIVE TOTAL COLIFORM INVESTIGATION

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GENERAL OPERATIONS:	Response
1. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings?	
2. Where there any main breaks, water outages, or low pressure reported in the service area where TC+ or EC+ samples were located.	
3. Does the system have backup power or elevated storage?	
4. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	
5. What were the symptoms of illness if you received complaints about customers being sick?	

ADDITIONAL INFORMATION TO BE SUBMITTED WITH RESPONSES TO THE ABOVE QUESTIONS

- 1. **Sketch** of System showing all sources, treatment locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
- 2. A set of photographs of the well, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by our Department
- 3. Name, certification level and certificate number of the Operator in Responsible Charge.
- 4. Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.

**SUMMARY:** BASED ON THE RESULTS OF YOUR INVESTIGATION AND ANY OTHER INFORMATION AT YOUR DISPOSAL, WHAT DO YOU BELIEVE TO BE THE CAUSE OF THE POSITIVE TOTAL COLIFORM SAMPLES FROM YOUR PUBLIC WATER SYSTEM?

**CERTIFICATION:** I CERTIFY THAT THE INFORMATION SUBMITTED IN RESPONSE TO THE QUESTIONS ABOVE IS ACCURATE TO THE BEST OF MY PROFESSIONAL KNOWLEDGE

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_